

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10735846** FILING DATE **12-16-03**

APPLICANT

**10/6/05** CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	0	0	0	0	0	TOTAL IND.	6	0	6	0	0	0
TOTAL DEP.	0	0	0	0	0	0	TOTAL DEP.	46	0	46	0	0	0
TOTAL CLAIMS	1	0	0	0	0	0	TOTAL CLAIMS	52	0	52	0	0	0

BEST AVAILABLE COPY